|   | PATENT A                                       | APPLICATIO<br>Effect                      | RD           | 05955135              |                                 |                  |      |  |                        |    |   |                        |  |
|---|--|---|--------------|-----------------------|---------------------------------|------------------|------|--|------------------------|----|---|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                       |                                 |                  |      | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |    |   |                        |  |
| TC  | TAL CLAIMS                                     | 25  |              |                       |                                 |                  | RA   | TE   | FEE                    |    | RATE                                    | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                       | NUMBER EXTRA                    |                  | BAS  | C FEE  | 355.00                 | OR | BASIC FEE                               | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 35 minus 20= |                       | • 5                             |                  | XS   | XS 9=  |                        | OR | X\$18=                                  | 90                     |  |
| INDEPENDENT CLAIMS  |  |   | 4 minus 3 =  |                       |                                 |                  | X4   | X40=   |                        | OR | X80=                                    | go                     |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       |                       |                                 |                  | +13  | +135a  |                        | OR | +270=                                   | _                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                       |                                 |                  |      |  |                        | OR | TOTAL                                   | 880                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |              |                       |                                 |                  |      |  | <b></b>                |    | OTHER                                   |                        |  |
| <u>5</u>  | <u>-25-06</u>                                  |   | (Column 2)   |                       |                                 | (Column 3)       | SM   | ALL!   | ENTITY                 | OR | SMALL                                   | NTITY                  |  |
| AMENDMENT A   |  | CLAMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA | RA   | TE   | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .32                                       | Minus        | . 2                   | 25                              | - 7              | X\$  | 9=   |                        | OR | **************************************  | 350,                   |  |
|   | Independent                                    | • 4                                       | Minus ••• <  |                       | 4_                              |                  | X40= |  |                        | OR | X80=                                    |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                       |                                 |                  |      | 35=  |                        | OR | +270=                                   |                        |  |
|   |  |   |              |                       |                                 |                  |      | OTAL<br>FEE                                  |                        | OR | TOTAL<br>ADDIT, FEE                     | 3 <i>5</i> 0,          |  |
| S / € (Column 1) (Column 2) (Column 3)  |  |   |              |                       |                                 |                  |      |  |                        | •  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI          | HEST<br>BER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA | RA   | TE   | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .21                                       | Minus        | <u>•3</u>             | <u>a</u>                        | - /              | XS   | 9=   |                        | OR | X\$18=                                  |                        |  |
|   | Independent                                    | • 1/<br>NTATION OF MI                     | Minus        | ••••<br>ENDEN         | 4<br>T CH AIM                   | -/               | ×4   | 0=   |                        | OR | X80=                                    |                        |  |
|   |  |   |              |                       |                                 |                  | +13  | 35=  |                        | OR | +270=                                   |                        |  |
|   |  |   |              |                       |                                 |                  |      | OTAL<br>FEE                                  |                        | OR | TOTAL<br>ADDIT, FEE                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                       |                                 |                  |      |  |                        |    |   |                        |  |
| AMENOMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>(BER<br>(OUSLY<br>) FOR | PRESENT<br>EXTRA | RA   | TE   | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus        | ••                    |                                 | <b>-</b> .       | X\$  | 9=   |                        | OR | X\$18=                                  |                        |  |
|   | Independent                                    | •   | Minus        | •••                   |                                 | =                |      | <b>0</b> =                                   |                        | OR | X80=                                    |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                                 |                  |      | _  |                        |    | }                                       |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                       |                                 |                  |      |  |                        | OR | +270=                                   |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                       |                                 |                  |      |  |                        |    |   |                        |  |